

VETERANS OF FOREIGN WARS 20___-_ DISTRICT ELECTION REPORT

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

DISTRICT #	DEPARTMENT OF:					DATE OF ELECTION
DISTRICT #	DEPARIM	ENI OF:	DATE OF ELECTION			
	DISTRICT INFORMATION					
IO THE DISTRICT INCORDER ATERS				FEDERAL EMPLOYER IDENTIFICATION # (EIN)		
IS THE DISTRICT INCORPORATED?		YES	NO			
DISTRICT WEBSITE:		DISTRICT	EMAIL:			
DISTRICT COMMANDER		Ļ				
NAME			POST #	CAP SIZE	MEMBERSHIP NUMBER	
MAILING ADDRESS (STREET or P.O. BOX #)				HOME PHONI	 E#	
CITY	STATE ZIP + 4			EMAIL:		
	OTA I	2.11.14		LINAL.		
DISTRICT SENIOR VICE COMMANDER						
NAME			POST #	CAP SIZE	MEMBERSHIP NUMBER	
MAILING ADDRESS (STREET or P.O. BOX #)				HOME PHONI	E#	+
CITY	STATE	ZIP+ 4		EMAIL:		+
DISTRICT HUMAN WAS COMMANDED	<u> </u>					
DISTRICT JUNIOR VICE COMMANDER NAME			POST #	CAP SIZE	MEMBERSHIP NUMBER	_
MAILING ADDRESS (STREET or P.O. BOX #)				HOME PHONE #		7
CITY	STATE ZIP + 4			EMAIL:		INSTRUCTIONS
DIOTRICT CHARTERMANTER						
NAME			POST #	CAP SIZE	MEMBERSHIP NUMBER	•TO BE FILLED OUT DURING OR IMMEDIATELY
MAILING ADDRESS (STREET or P.O. BOX #)				HOME PHON		FOLLOWING THE DISTRICT CONVENTION
CITY	STATE	ZIP + 4		EMAIL:		• KEEP A COPY FOR YOUR
DISTRICT ADJUTANT						DISTRICT RECORDS
NAME			POST #	CAP SIZE	MEMBERSHIP NUMBER	
MAILING ADDRESS (STREET or P.O. BOX #)				HOME PHONE	E#	• SEND A COPY TO YOUR
					DEPARTMENT	
CITY	STATE	ZIP + 4		EMAIL:		HEADQUARTERS
DISTRICT CHAPLAIN						, SEND A CORV TO
NAME			POST #	CAP SIZE	MEMBERSHIP NUMBER	SEND A COPY TO NATIONAL HEADQUARTERS
MAILING ADDRESS (STREET or P.O. BOX #)				HOME PHONI	E#	VFW NATIONAL HQ. 406 W. 34TH STREET
СПҮ	STATE ZIP + 4		EMAIL:		KANSAS CITY, MO 64111 OR	
DISTRICT INSPECTOR						FAX: 816-968-1149
NAME			POST #	CAP SIZE	MEMBERSHIP NUMBER	OR
MAILING ADDRESS (STREET or P.O. BOX #)				HOME PHONI	E#	
CITY	STATE	ZIP + 4		EMAIL:		_

VETERANS OF FOREIGN WARS

20___-_ DISTRICT ELECTION REPORT Continued

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

DISTRICT #	T # DEPARTMENT OF:							
DISTRICT JUDGE ADVOCATE								
NAME		MEMBERSHIP NUMBER	POST#	HOME PHONE #				
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:							
DISTRICT SURGEON			•					
NAME		MEMBERSHIP NUMBER	POST#	HOME PHONE #				
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:							
DISTRICT TRUSTEE 1 YEAR			•					
NAME		MEMBERSHIP NUMBER	POST#	HOME PHONE #				
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:							
DISTRICT TRUSTEE 2 YEAR			•					
NAME		MEMBERSHIP NUMBER	POST#	HOME PHONE #				
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)		1	EMAIL:					
DISTRICT TRUSTEE 3 YEAR			l .					
NAME		MEMBERSHIP NUMBER	POST#	HOME PHONE #				
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:					
DISTRICT SERVICE OFFICER								
NAME		MEMBERSHIP NUMBER	POST#	HOME PHONE #				
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:					
DISTRICT			!					
NAME		MEMBERSHIP NUMBER	POST#	HOME PHONE #				
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:							
DISTRICT								
NAME		MEMBERSHIP NUMBER	POST#	HOME PHONE #				
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:							
DISTRICT								
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MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:							
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MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)	EMAIL:							
DISTRICT								
NAME		MEMBERSHIP NUMBER	POST#	HOME PHONE #				
MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)			EMAIL:					

VETERANS OF FOREIGN WARS DISTRICT ELECTION REPORT Continued PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION **DISTRICT #** DEPARTMENT OF: DISTRICT NAME POST# MEMBERSHIP NUMBER HOME PHONE # MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip) EMAIL: DISTRICT NAME MEMBERSHIP NUMBER POST# **HOME PHONE #** EMAIL: MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip) DISTRICT NAME MEMBERSHIP NUMBER POST # HOME PHONE # MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip) EMAIL: DISTRICT NAME MEMBERSHIP NUMBER POST # HOME PHONE # MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip) EMAIL: DISTRICT NAME MEMBERSHIP NUMBER POST # HOME PHONE # MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip) EMAIL: DISTRICT NAME MEMBERSHIP NUMBER POST# **HOME PHONE #** MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip) EMAIL: DISTRICT NAME MEMBERSHIP NUMBER POST # HOME PHONE # MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip) EMAIL: DISTRICT NAME MEMBERSHIP NUMBER POST# HOME PHONE # MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip) EMAIL: DISTRICT NAME MEMBERSHIP NUMBER POST # HOME PHONE # EMAIL: MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip) DISTRICT NAME MEMBERSHIP NUMBER POST # HOME PHONE # MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip) EMAIL: DISTRICT NAME MEMBERSHIP NUMBER POST # HOME PHONE # MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip) EMAIL: DISTRICT NAME MEMBERSHIP NUMBER POST # HOME PHONE

EMAIL:

MAILING ADDRESS (STREET or P.O. BOX #, City, State, Zip)